

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 1504
REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 5

| | | | |
|--|------------------------|---|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived: If limitation: residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital | | d. STREET ADDRESS (If rural, give location) 116 N. Liberty | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) RANDALL c. (Last) RANDALL | | 4. DATE OF DEATH (Month) (Day) (Year) January 5, 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH October 5, 1887 |
| 9. AGE (In years last birthday) 63 | | 10. MONTHS 5 | |
| 11. BIRTHPLACE (State or foreign country) Fulton, Kansas | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME James Randall | | 13b. MOTHER'S MAIDEN NAME Alma Hayes | |
| 14. NAME OF HUSBAND OR WIFE Flora Randall | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Flora Randall | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Generalized DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 22. I hereby certify that I attended the deceased from 1-17, 1949, to 1-5, 1951, that I last saw the deceased alive on 1-5, 1951, and that death occurred at 9:20 A.M., from the causes and on the date stated above. | |
| 23a. SIGNATURE E. L. Slutz, M.D. (Degree or title) | | 23b. ADDRESS 410 Jackson, Joplin, Mo. | |
| 23c. DATE SIGNED 1-11-51 | | 24a. BIRTHAL CREMA TION REMOVAL (Specify) REMOVAL | |
| 24b. DATE 51-7-51 | | 24c. NAME OF CEMETERY OR CREMATORY Baxter Cemetery | |
| 24d. LOCATION (City, town, or county) Baxter Springs, Kansas | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge Lewis Webb City, Missouri | |
| DATE REC'D BY LOCAL REG. 1-13-51 | | REGISTRAR'S SIGNATURE E. L. Slutz, M.D. | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-16-51
Jasper County Health Office

County File Number 51-1-16

Date Filed 1-16-51

NOV
1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed

Student Embalmer

Licensed Embalmer No. 4561

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.